Accountability Systems

Improving Results for Young Children

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By Lynn R. DeLapp

Preface

The early years of a child's development are critical to establishing a foundation for success in school and beyond. Recent research into brain development has created a great deal of excitement as it has revealed the importance of early relationships and experiences to building the social, emotional, intellectual and academic skills that individuals rely upon throughout their lives. And ensuring that children enter school ready to learn is now a well-established national goal. Preparing young children to acquire early literacy and other fundamental academic skills and abilities is now seen as critical to achieving the high educational expectations we have for our nation's students.

At the same time, there is growing concern about the quality of early care and learning opportunities experienced by many children and their readiness to enter the formal education system. For example, many of the nearly 60 percent of children 5 years or younger in child care on a regular basis are in programs of substandard quality. Additionally, the growing emphasis on high educational standards and achievement for all students and the increasing attention to the importance of early literacy development leads to questions of whether we are meeting the diverse needs of all of our young children in ways that will adequately prepare them for academic success.

Improving the accessibility and quality of supports and services for young children and their families, as well as other human services, thus remains an important challenge for states and communities across the country. Since 1996, the implementation of welfare reform has created new demands for job training, child care, and other transitional services among former recipients of income assistance. Higher goals for educational achievement, including boosting early literacy and other academic skills, require new investments in teachers, schools, and special programs. Health care costs continue to rise, despite a decade of financing reforms. And in many towns and cities, renewing the economic and physical assets of the most disadvantaged neighborhoods is a high priority. Yet as the economic prosperity of the late 1990s recedes and new priorities for investment have emerged with the tragic events of September 11, 2001, governments at all levels, corporations, and private philanthropies in many cases have fewer available resources with which to address these multiple needs.

Nevertheless, the growing body of research on early child development provides guidance on how to enable parents to manage their nurturing responsibilities while providing for their families' economic needs, as well as how to design programs and services that effectively foster healthy development and provide special support for vulnerable children and families. Across the country, many states and localities, with support from an array of business, philanthropy, and community partners, are engaged in innovative efforts to expand and improve programs and systems of supports and services for young children and their families. To a large extent, the greatest challenge is not in knowing what constitutes high-quality supports and services for young children and their families. Rather, it is in gaining and maintaining concerted attention and resources to planning, financing, implementing, and sustaining high-quality, coherent systems that connect all the disparate state and local programs, services and resources.

This series of products, developed with support of the Carnegie Corporation of New York, is intended to advance effective financing and governance of early learning supports and services in order to promote children's readiness for school. They present conceptual frameworks, an array of effective strategies, and the experiences of states and communities in advancing the early childhood agenda, financing and governing promising approaches, and implementing and sustaining initiatives to achieve positive results. The products are intended to be useful tools to policy makers, program developers, community leaders, and other decision makers who are looking for creative new ideas for policies, programs and systems reforms and practical information on how to implement them.

Greater accountability is increasingly being demanded of early childhood and other public, non-profit, and partnership initiatives. Accountability systems can help improve the effectiveness and sustainability of initiatives by keeping everyone involved focused on achieving better results for children, families, and communities. However, accountability systems themselves require careful attention and thought to issues of design and implementation. This brief sets out key principles of effective accountability systems, describes the basic steps in developing an effective accountability system, and discusses trade-offs inherent in designing such systems. It also provides examples that illustrate a range of state and local accountability system approaches. It is our hope that this brief provides valuable information for state and local policy makers and practitioners responsible for designing accountability systems for early childhood or comprehensive community initiatives, as well as for those responsible for their effective implementation.

Cheryl D. Hayes
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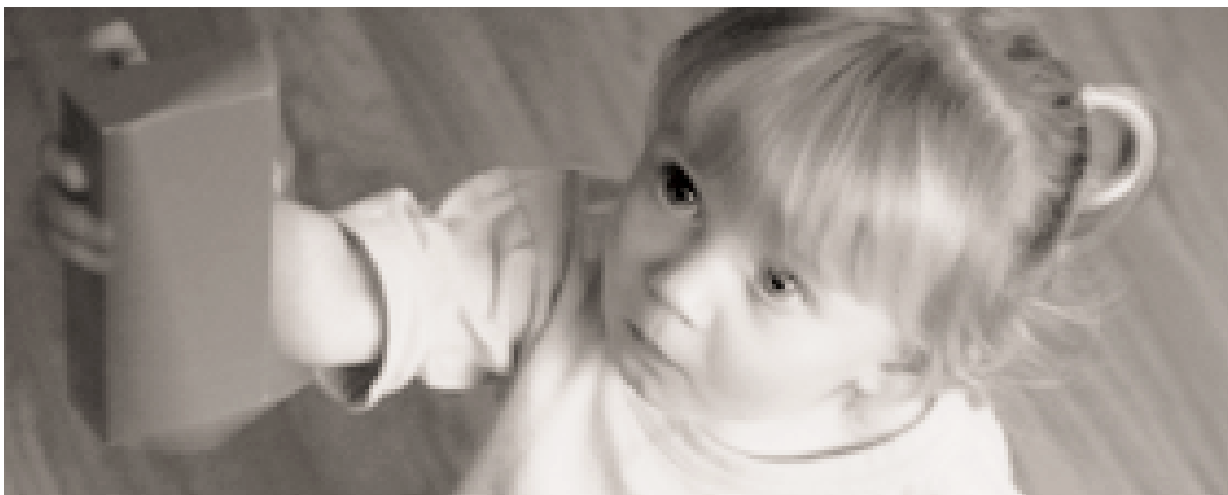
Introduction: About Results Accountability Systems For Early Childhood Initiatives

Over the past ten years, policy makers and administrators from government, education, non-profits and communities have started to ask some all-important questions: Do the programs we fund and operate actually work? Are they accomplishing what they set out to do? Are we spending our limited resources in the most effective manner? And, are we improving the lives of our clients and the children and families living in our communities? If not, what should we do differently? And who should be held responsible?

As federal and state budgets shrink with the most recent recession, these questions become even more urgent. The 2002-2003 federal budget proposal will, for the first time, assess performance of government programs and agencies and emphasize the importance of accountability by linking a portion of funding to effectiveness.[1] Governors and state legislatures are looking for allocations to cut—discretionary programs that cannot provide evidence of effectiveness are on the chopping block. And nobody, at any level, wants to waste time, energy and resources on programs that do not make a difference for children and families.

In response, governments, as well as community and non-profit organizations, have developed new types of accountability systems that emphasize results. Accountability and performance measurement are increasingly being built or retro-fitted into state and local child and family initiatives, including those focused specifically on young children and their families. Vermont's State, Regional and Community Partnerships, for example, have tracked outcomes for over ten years, and Missouri's Caring Communities initiative has recently developed a system that holds state agencies, community partnerships and the public-private Family and Community Trust mutually accountable for defined outcomes. Maryland's Partnership for Children, Youth and Families, Florida's Partnership for School Readiness, Oregon's Coordinated Comprehensive Plan, North Carolina's Smart Start, as well as county and neighborhood systems provide additional illustrations of results accountability systems.

This brief is directed toward state and local policy makers and practitioners responsible for designing accountability systems, and toward those "on the ground" responsible for effective implementation. It describes the elements and principles of results-based accountability systems and provides state and local examples of different approaches to these systems as well as a discussion of the trade-offs involved in their development.

What is an Accountability System?

Many different terms are used to describe results accountability. In this brief we will use the following definitions:[2]

RESULT OR OUTCOME: A condition of well-being for children, adults, families or communities. Results encompass total populations, such as all children in a state, county, or community; all children under five years old; or all recent immigrants.

INDICATOR: A measure that helps quantify the achievement of the desired result for populations.

PERFORMANCE MEASURE (also called program or client measures): A gauge of how well an agency or program is working. These measures are used to determine the effect or impact of a specific system, agency or program on clients. They may also include measures of effort, such as number of clients or services provided and quality, such as accuracy, timeliness or staff qualifications.

Accountability systems specify results and measures and establish roles, responsibilities and performance expectations for all parties in achieving the results. They help decision makers measure performance, analyze levels of achievement, and formulate appropriate responses intended to drive actions and resources toward more effective processes and better results. They respond to six basic questions:

✱ What results/outcomes are you trying to accomplish, and how will you measure your level of achievement?

✱ How are you doing now on each measure?

✱ What are the reasons for these levels of achievement?

✱ What can be done to improve the measures?

✱ How effective is each strategy?

✱ What changes or resources are needed to increase achievement levels?

Principles of Effective Accountability Systems

A common set of principles underlies effective, results-based accountability systems. These principles are outlined below.[3] In the next section, specific steps for developing an accountability system based on these principles is presented.

1. The accountability system is used for the purpose for which it was designed, and both people and organizations are held responsible for what they can reasonably expect to affect.

Accountability systems can be used for various purposes. For example, strategic planning and state- or county-wide efforts frequently use *results accountability systems* to measure the overall impact of multiple partners on improving results for broad populations of children and their families. This level of results accountability, which illumines and tracks the conditions of young children, is useful in educating policy makers and the public and in sparking needed change. It does not examine the impact of individual agencies or strategies.

A more focused application of results accountability, sometimes called *performance accountability* or performance measurement, is used in budget, management and performance review processes. The purpose of these "micro" level applications is to ensure that resources are being used effectively by agencies, organizations or programs serving identified target or client groups.

2. Accountability systems are based on mutual accountability and partnerships.

Effective accountability systems are not one-way streets. As described in Step 5 (page 16), negotiated agreements should spell out results and indicators to be addressed by all parties, as well as specific roles, responsibilities, performance measures, targets and strategies for each party. All parties are held account-

able to each other for their contributions to achieving common goals. A reciprocal performance contract between a state agency and a local partnership aimed at achieving defined performance measures might include *state commitments* to provide a specific amount of funding, technical assistance, public education, and coordinating assistance; *county or community commitments* to coordinate local resources, implement identified strategies and provide direct services to specific clients; and *feedback mechanisms* which encourage discussion of joint issues, challenges and successes.

3. Accountability systems are used to move resources from ineffective strategies to effective ones—not to punish inadequate performance.

The purpose of accountability systems should not be to punish programs but to learn what works and what does not and then shift resources to the most effective strategies. Poorer-than-expected performance by any participant should not be an immediate trigger to cancel programs, fire staff or slash funding. Instead, it should trigger analysis of the factors behind a given level of performance (see Step 8, page 19). Only after the analysis is completed should consideration be given to appropriate responses. Practically, participants will be far more likely to cooperate with and endorse an accountability system if they believe a) there will be no rush to (negative) judgment if their performance level is not as high as initially expected and b) the system provides useful information and resources to improve their efforts.

4. Participants have adequate resources, including knowledge, leadership and influence to make the accountability system work.

Effective accountability systems depend on clear, shared understanding by all participants of the elements, advantages and pitfalls of the accountability system. Initial and ongoing training and technical assistance are critical to successful implementation of accountability systems. Leadership and influence from "champions" are also necessary to overcome initial resistance and to implement and sustain fair, effective accountability systems. These leaders and advocates can be drawn from state or local policy makers, community leaders, public or private funders, or program administrators.

5. Accountability systems rely on good data.

Results and performance accountability systems depend on credible data collected over time to show changes in indicators. Thus, effective data collection and reporting systems that collect and measure centrally important, standardized data elements in ways that are not unduly burdensome must be in

place. In performance accountability, data must also be perceived by all parties as useful for program improvement. As discussed in Step 7 on page 18, however, a present lack of good data should not prevent implementing an accountability system. Assume that you will use what is currently available, and improve data collection and reporting systems over time.

6. Accountability systems based on results permit greater flexibility in the use of resources and inputs.

In recent years, states and the federal government have started moving away from dictating specific strategies to improve the lives of children and families in favor of establishing results, indicators and target performance. Federal welfare reform, educational standards and child welfare outcomes were all conceived as attempts to establish results and target performance for states, allowing the states to determine how they

will use the resources provided to achieve the targets. Effective accountability systems provide agencies and programs with greater flexibility in tailoring programs to the specific needs of their clients. They permit those who implement programs to exercise broad discretion on strategies and resource use, while holding them accountable for the results of their efforts.

This flexibility, however, does not mean license. Effective accountability systems promote flexibility without running roughshod over the rights and protections of clients. Basic client, civil rights and equity protections should not be compromised in an "ends justifies the means" scramble to achieve specific outcomes.

7. Effective accountability systems are easy to understand, useful and not overly burdensome.

Both policy makers and program administrators are intimidated by complex and complicated accountability systems. They resist systems that are difficult to figure out, take many hours of work and generate reams of paper. Although there is a trade-off between precision and ease of implementation, accountability systems are more likely to be both used and useful if they are easy to figure out and explain and do not impose too great a burden on program administrators.

Step-by-Step: Developing an Effective Accountability System

In the following pages, we lay out the basic steps in designing an accountability system based on results, and show how they have been applied by early childhood initiatives.

Step 1: Determine the Purpose and Scope of the Accountability System

Decide the purpose and appropriate level of accountability for your early childhood initiative. Ask yourself:

* Is the purpose of the accountability system to establish outcomes to improve conditions (e.g. health, safety, school readiness) for an entire population, and then to guide, plan and track joint efforts undertaken by multiple organizations and individuals to achieve these outcomes?

Or

* Is it to assess the effectiveness of a specific agency, organization or program in serving an identified target or client group?

Or

* Both?

POPULATION-BASED RESULTS ACCOUNTABILITY. The broadest conception of accountability for early childhood supports and services lies in the adage, "It takes a village to raise a child," embodying the concept that everybody—parents, neighbors, schools, government at all levels, and community organizations—shares responsibility for improving the lives of children and families in their community.

An accountability system for an entire community, by definition, focuses on joint and reciprocal efforts by many entities. It rests on the assumption that partnership and contribution toward the goal is more important than attribution for individual efforts. These broad-based results accountability systems identify areas of needed change, set goals for improvements and mobilize partners to implement effective strategies. They can help decision makers measure changes over time across broad populations such as all children in a state or county, all children under six, or all children of immigrant parents. They do not separate out, or help to evaluate the effectiveness of, individual entities or strategies.

VERMONT AND YOLO COUNTY, CALIFORNIA ADDRESS POPULATION INDICATORS

Vermont's Communities Partnership initiative to improve ten statewide outcomes is characterized by collegiality, as well as joint and mutual accountability among the state team and regional partnerships. Regional partnerships develop strategies that target their highest priority outcome areas and meet regularly with each other and with the state agency team to share challenges, successes and best practices. The state annually:

✳ Publishes data on each outcome and indicator for each of Vermont's 60 school districts;

✳ Participates in a peer review, support and quality assurance system; and

✳ Funds regional needs and asset assessment, service coordination, and participation in statewide training and decision making as well as specific strategies designed to improve specified outcomes.

As a result of these efforts over the past ten years, all of Vermont's outcomes have shown substantial improvement.

On a smaller scale, the Children and Families Commission of Yolo County, California has embarked on a "performance partnership" aimed at lowering rates of child abuse and neglect among children 0-5. The Commission has pulled together all interested individuals and groups (from child protective services, community-based organizations, education, service organizations, migrant services, domestic violence agencies, etc.) and asked them to prepare a single, coordinated, county-wide plan to reduce abuse and neglect by identifying those children at greatest risk and ensuring that they are surrounded by "a cocoon of services." The Commission will track several indicators related to child abuse and neglect; the partnership as a whole will be held accountable for the indicators.

Cornelius Hogan, *Vermont Communities Count,* Annie E. Casey Foundation, 1999 and Vermont State and Regional Partnership Agreement, 1999-2000. The concept of population-based performance partnerships has been developed by Connie Revell of Choices for Change (www.choicesforchange.att.net). For information on the child abuse and neglect "single outcome" project, contact the Yolo County, California Commission on Children and Families at www.yolochildren.org.

AGENCY, ORGANIZATION OR PROGRAM PERFORMANCE ACCOUNTABILITY. Performance accountability employs a more narrow focus, examining the impact of a specific organization or program on a target or client group. It focuses on the effectiveness of organizational operations and permits policy makers to hold specific organizations or groups accountable, identify where change is necessary, and shift resources toward more effective strategies.

SAN MATEO COUNTY INCLUDES PERFORMANCE MEASURES IN COUNTY BUDGET

Beginning in 1999, San Mateo County, California started to implement an Outcome-Based Management System to identify and measure performance outcomes. Staff from each program defined performance measures, established priorities and expectations, and offered suggestions for improvement. The Outcome-Based Management section of the budget includes descriptions of every program, including a Program Outcome Statement describing why the program exists and how it benefits or impacts its clients or customers, as well as summaries of performance measurements for each program. Program administrators are also required to display and explain trends for the most important measures of client well-being, summarize major activities and accomplishments, describe priorities and activities to meet performance targets and show how funds will be spent to meet priorities.

San Mateo County's "Outcome-Based Management System Aligns Program Performance Measures, County Budget and Community Results" case study, The Results and Performance Accountability Implementation Guide, www.RAGuide.org.

LINKED RESULTS AND PERFORMANCE ACCOUNTABILITY SYSTEMS. Several statewide accountability systems for children and families combine a statewide accountability system with narrower performance accountability for community partnerships. These systems measure changes in statewide indicators, but also hold local partnerships accountable for specific strategies addressing client or customer populations.

MISSOURI'S CARING COMMUNITIES LINKS POPULATION AND ORGANIZATIONAL ACCOUNTABILITY

Missouri's Caring Communities initiative collects and regularly publishes data on six statewide core results and 21 benchmarks or indicators. In addition, the 21 community partnerships develop community-wide plans to address one or more top priority core results and benchmarks. They target specific populations within their communities and develop strategies to address the benchmarks. In 2001, state agencies, the public/private Family and Community Trust (FACT) that oversees the initiative and the community partnerships developed an accountability system which lays out the roles and responsibilities of each partner in regards to core results, activity performance measures, state and local systems change, and support of the Caring Communities initiative. Agreements are to be negotiated annually between the state and each community partnership to ensure progress in each of the four areas. Progress on performance measures related to specific programs or activities is reviewed each year and, after analysis of the factors behind the performance, the state will determine "responses" designed to improve progress. Potential responses range from public recognition to additional technical assistance to funding cuts.

"A Shared Accountability System for Missouri's Caring Communities," Family and Community Trust, December 2001.

With linked systems, it is very important to clearly differentiate who is responsible for results for the broad population and who is responsible for program or agency results. When the two levels are confused, implementation problems frequently arise. Program administrators, for example, often resist accountability systems for fear they will be held accountable (and punished) for poor results in broad populations over which they have limited control. They justifiably claim that since they are only one of multiple influences contributing to changes in communities and since they control limited resources, they should not be held accountable for broad results.

For example, accountability systems should not hold health care providers solely responsible for the health of young children throughout an entire community. Other partners—parents, caregivers, insurance carriers, preschools, to name a few—also contribute to healthy children. Appropriately linked accountability systems hold all contributors jointly responsible for the health of the broad population of all young children, but hold health providers accountable for the services they provide to the narrower population over whom they have greater control—their patients.

Step 2: Agree Upon Results

The next step is to establish results—the broad conditions of well-being that are most important to your community. During the early days of results accountability systems, communities struggled to define the most important results for children and families. Many methods were used: decisions by policy makers, state law, community focus groups, etc. Over time, these decisions have become easier as decision makers have been learning from the experience of others, and it has become apparent that most communities select essentially the same results, such as:

✴ Children are healthy;

✴ Children are safe in their homes and communities;

✴ Children live in stable, supported families;

✴ Youth are prepared for responsible and productive adulthood;

✴ Children are ready for school;

✴ Children succeed in school;

✴ Families are economically self-sufficient;

✴ Youth are engaged in and contribute to their communities.

MARYLAND SELECTS EIGHT RESULTS

The statewide results selected by Maryland's Partnership for Children reflect that state's variation on the "generic" results listed above. The eight chosen results are:

✴ Babies are born healthy;

✴ Children complete school;

✴ Children are healthy;

✴ Children are safe in their families and communities;

✴ Children enter school ready to learn;

✴ Children live in stable and economically independent families;

✴ Children are successful in school; and

✴ Children live in communities that support family life.

Maryland Partnership for Children, Youth and Families, *Maryland's Results for Child Well-Being,* 2001, Appendices A and B, p.77-78, www.ocyf.state.md.us, and telephone interview with Roann Tsakalas of the Office for Children, Youth and Families.

Step 3: Select Measures

Next, select your measures. Indicators quantify the achievement of results at the population level, while perform-ance measures assess client impact at the agency or program level. For every result there are many possible indicators. For example, if "safe communities" has been selected as a result, indicators could include murder and child abuse rates, percentage of children in licensed care, number of liquor stores in a neighborhood, availability of streetlights, or accessibility to neighborhood parks. Accordingly, examples of performance measures could include the percentage of child abuse investigations initiated within 24 hours of a report, or police and fire response time. The key is to involve a broad group of stakeholders, including parents, public and private agencies, line staff, policy makers and others, in reviewing possible indicators and coming to consensus on only a few (three to five) of the best measures—those which are central to the outcome, for which data can be obtained,[4] and that are well-understood. This broad involvement builds buy-in among those who will later be involved in collecting data, and can ensure that realistic measures are selected.

MARYLAND'S STATEWIDE EFFORT TO SELECT INDICATORS

Maryland's Partnership for Children, Youth and Families organized a statewide effort to select indicators for its eight results. First, a task group recommended indicators for each result based on the following criteria:

✳ The indicator is directly related to the well-being of children, families or communities in each specific result.

✳ The indicator is well measured. In other words, it applies to all or most of the relevant population and is collected in ways that support data reliability and validity.

✳ Data on the indicator is readily available from public sources.

✳ Data on the indicator is available at the state and local level.

After advisory panels of experts and concerned citizens reviewed the suggested indicators, 12 community roundtables were convened by local management boards across the state to solicit local response to the proposed indicators. Newspapers, other media, and extensive statewide mailings encouraged public involvement in the roundtables, which culminated in a statewide public hearing. Upon completion of the public engagement process, final recommendations were presented to the Maryland Partnership, which formally adopted the state's results and indicators (shown below) for six of the eight results in January 1999.

Babies Born Healthy:
Infant Mortality
Low Birth Weight
Births to Adolescents

Children Successful in School:
Absence from School
Academic Performance Demonstrated

Children Safe in their Families and Communities:
Abuse or Neglect
Deaths due to Injury
Juvenile Violent Offense Arrests
Domestic Violence

Healthy Children:
Injuries
Deaths
Substance Abuse

Children Completing School:
Dropout Rate
High School Completion
Basic Skills

Stable and Economically Independent Families:
Child Poverty
Out-of-Home Placements
Homeless Adults and Children

Ibid. (see previous box)

Performance measures are the "micro" version of indicators, used in performance accountability to measure the effectiveness of a program, agency or organization. There are two kinds of performance measures. "Effect" or impact measures are similar to indicators in providing data on whether the program is making a difference in the lives of the target population. "Effort" measures examine service quality, quantity and delivery. Once again, involv–ing line staff who will be held responsible for achieving the measures, and clients, who will be directly affected by them, is critical to selecting the most important and credible measures.

SAN MATEO COUNTY PERFORMANCE MEASURES

San Mateo County, California groups performance measures according to a four-quadrant perform-ance accountability model.* The table shown here, which illustrates the model, shows performance measures for the county's Prenatal to Three (PTT) initiative. Here the performance measures are grouped by "effort," describing what the program does, the extent of the services provided and program quality, and "effect," measuring whether clients are better off as a result of the program.

Example: Prenatal to Three Initiative

	What/How Much We Do	How Well We Do It
Effort	Number of families provided home-based services by PTT public health staff	Percent of first-time referrals provided home-based services
	Is Anybody Better Off?	
Effect	Number of infants breastfed	Percent of infants breastfed

County of San Mateo Adopted Budget FY 2000-01 and FY2001-02, Outcome-based Management Pilots.

* For more information on this model, see Mark Friedman, *A Guide to Developing and Using Performance Measures in Results-Based Budgeting,* The Finance Project, May 1997.

Step 4: Establish a Baseline and Objective

The next step in both results and performance accountability is to develop a baseline that shows historical trend data for each indicator or performance measure. In conjunction with your partners and the people directly affected, think about the historic baseline. What are the causes and effects of negative trends? What can be changed? There are likely to be multiple perceptions. Based on this reflection, project two future trends: 1) if you do nothing, and 2) a more desirable path, if additional attention and energy are dedicated to improving the trend.[5]

Choose an objective based on these baselines—where you would like the trend to go. Be realistic but cautious about establishing a target date for meeting your objective. Do not succumb to the desire to show an overly-optimistic, quick reversal of a long-term negative trend. Carefully consider the amount of resources and staffing, the types and dosage of activities or interventions, the attitude changes and the time necessary to change a trend. For many indicators and performance measures, just slowing the rate of growth of a negative trend, such as rates of child abuse, school drop-out or homelessness, may be the best you can hope for at first. Generally, a reasonable short-term target is just to "turn the curve," to change the negative trend to a flat line and gradually move it in a positive direction.

VERMONT AND NORTH CAROLINA—DIFFERENT APPROACHES TO TARGETS

Vermont's Community Partnerships meet with state agencies monthly to discuss and act upon the "story behind the curve," the factors influencing trends. Each of the state's indicators is discussed in-depth at least once a year by local leaders working specifically on that indicator and state agency officials who have responsibility for the result area. Rather than setting specific targets, the partnerships focus on turning the curve and then continuing to make progress. A key lesson learned is that the indicators are inter-dependent. For example, as the number of children with health insurance has risen, so have rates of early prenatal care and immunizations for two-year olds; infant mortality and child abuse have fallen.

North Carolina's Partnership for Children uses a standards-based approach to measuring accountability among its 81 county Smart Start Partnerships. All counties must meet minimum standards in four result areas: Administration (financial and programmatic integrity of programs and services); Family Support (every child has access to child care); Health (every child is safe and healthy); and Early Care and Education (every child has access to a high-quality early childhood program). For each criterion, minimum and high performing standards are delineated, and data sources specified. For example, one of the criteria (indicators) for the Early Care and Education result is the percentage of nationally accredited centers and homes, a rating which is both rigorous and hard to achieve. The minimum standard is 6 percent each for centers and homes, while the high performing standard is 20 percent. The county Smart Start Partnerships are divided into three groups based on current performance, current funding, and median income to determine the length of time (one, two or three years) granted to reach minimum standards.

Hogan, op.cit. and North Carolina Partnership for Children, *Performance-Based Incentive System Growth Model,* June 2001. Also, telephone interview with Karen Ponder, Executive Director, North Carolina Partnership for Children and NCPC website www.smartstart-nc.org.

Step 5: Determine and Implement Strategies Aimed at Positive Change

Next, determine which strategies or activities will most likely improve each indicator or performance measure. (This is frequently termed a "theory of change.") Strategies may encompass community-wide activities, or may be implemented by a single organization. Selection of strategies should be based on research on promising and effective practices, political and resource feasibility, your assessment of the likelihood that the strategy will make a significant difference, legal restrictions, community values and whether or not the strategy can be effectively implemented. Develop a plan of action, indicating who is responsible for each activity or strategy; what resources— people, funds, facilities, equipment, etc.—will be needed to carry out the strategy or action; and target dates for implementation and completion.

OREGON DEVELOPS STRATEGIES FOR COORDINATED, COMPREHENSIVE PLANNING

Building on years of partnerships to address Oregon's benchmarks for children and families, Oregon's Commission for Children and Families and the state's county commissions embarked on a new process to develop strategies for coordinated comprehensive plans for children from birth to 18 and their families. The plans combine local Commissions on Children and Families' plans, Juvenile Crime plans and Alcohol and Drug plans; they also incorporate mental health and early childhood system development.

The process, established by SB 555 of 1999, includes three phases. In Phase I, each county inventoried and mapped community strengths, gaps and service barriers for children and families within 19 high level results and five core outcome areas. During Phase II, following detailed instructions and a logic model designed by the state, the county commissions and local community partners designated goals, high-level outcomes (results) and priority issues, and identified strategies, outputs (quality and quantity "effort" performance measures) and intermediate outcomes ("effect" performance measures). Each county was asked to address juvenile arrests, juvenile recidivism, youth authority bed use, 8th grade alcohol, tobacco and drug use, and early childhood issues. The early childhood issues included: child maltreatment, prenatal care, alcohol, tobacco and drug use during pregnancy, immunizations, child care availability, and readiness to learn, as well as other pressing county-specific issues. In Phase III of the planning process, which is just starting, counties will develop strategies for each priority area, detailing who will do what, when, and with what resources.

The State Commission on Children and Families, in partnership with the Department of Human Services and the Criminal Justice Commission, is responsible for ensuring the quality of the community comprehensive plans, providing support and assistance to local commissions and their partners, and working with state agency partners over time to develop a system-wide database to track outcomes.

Phase I Report, Mapping the Strengths, Gaps and Barriers in Local Communities and *Phase II Instructions, Mission: Comprehensive Planning,* www.ccf.state.or.us. Telephone interview with Donna Middleton, Executive Director, Oregon Commission on Children and Families.

Step 6: Develop a Performance Agreement Among the Groups Responsible for Improving Early Childhood Indicators

Performance agreements or contracts can be useful tools to spell out each party's responsibility for carrying out its roles and duties in addressing results and indicators. Typically, they include results, indicators, strategies, related agency or program performance measures, time frames and general accounting and anti-discrimination procedures. Some also specify the liability of one or more partners if contract provisions are not met. Contracts may be used between the state and local partnerships or between local partnerships and contractors providing services or other supports.

MISSOURI CARING COMMUNITIES RESULTS-BASED CONTRACT

The Missouri Caring Communities initiative includes a performance agreement as part of each Partnership's Community Plan. Elements of the plan include:

✳ A community profile describing the community, the governance partnership, and the role of the partnership in the community.

✳ A listing of statewide results and benchmarks (indicators) that will be tracked.

✳ A benchmark analysis, including baseline data and "the story behind the curve" for each benchmark.

✳ References to research on what works and how to improve the benchmark.

✳ A description of the target population.

✳ An objective statement specifying the level of performance to be achieved.

✳ The strategies, programs and activities selected by the community to improve the benchmark.

✳ A list of program or activity performance measures to track changes in client populations.

✳ A list of who is responsible (jointly or individually) for each program or activity addressing the benchmark.

✳ The timeline for the activity.

✳ Information on links to other local efforts.

✳ A description of how performance on the measures will be determined (i.e., what evidence and data will be used, who will collect it).

✳ A core results budget summary.

✳ A descriptive list detailing what resources and other supports, including funds, data collection, technical assistance, training, etc. are needed from FACT or state agencies.

Family and Community Trust, *Community Partnership Handbook of Implementation Tools,* Pilot Year 2002-2003.

Step 7: Collect Data

To determine whether the indicators or performance measures are moving in the desired direction to turn a curve and meet your performance objectives, you must regularly collect data. Data collection is central to accountability systems; the ability, resources, energy and motivation to establish effective data systems will determine the overall success of these systems. Collecting data, however, presents significant chal–lenges. The data you would like may not already be collected, or if it is collected, may not be available for your use. The data may not be standardized or collected at the level or frequency you need. Both real and perceived confidentiality considerations pose additional barriers. The key to data collection is simply to start with what is available, add to it as you go along, and work with your partners to overcome confiden–tiality, standardization and other obstacles. Most importantly, do not let data difficulties and frustrations cloud your purpose: to find ways to assess progress on results, indicators and performance measures.

FLORIDA MEASURES DATA ON SCHOOL READINESS

Florida's School Readiness Project brings together Prekindergarten Early Intervention, Head Start, public and private child care, preschool for children with disabilities, programs for migrant children, Title I, Subsidized Child Care, and teen parent programs to form seamless delivery systems at the local level. By mandate the partnership has developed systems for measuring school readiness, providing data on agency performance and on individual children in the following areas:

✴ Immunizations, physical development and other health requirements

✴ Development

✴ Compliance with rules, limitations and routines

✴ Ability to perform tasks

✴ Interaction with adults and peers

✴ Ability to cope with challenges

✴ Self-help skills

✴ Ability to express needs

✴ Verbal communication skills

✴ Problem solving skills

✴ Following of verbal directions

✴ Demonstration of curiosity, persistence and exploratory behavior

✴ Interest in books and other printed materials

✴ Paying attention to stories

✴ Participation in art and music activities

✴ Ability to identify colors, shapes, letters, numbers and spatial and temporal relationships

Analysis of Florida School Readiness Act, www.myflorida.com/myflorida/government/governorinitiatives/schoolreadiness/.

Step 8: Analyze the Data: What Accounts for Your Level of Achievement?

At least quarterly, partnerships should analyze their progress. If the partnership is meeting its targets and starting to turn curves, try to discern and maximize the factors supporting your success. Similarly, if steady progress toward your targets is not occurring, figure out why. A lower-than-expected level of achievement may be due to multiple factors.[6] Among these are:

1. *The wrong strategy.* For any number of reasons, your overall strategy or action to improve performance is not working.

2. *The right strategy poorly implemented.* You appear to be on the right track, but implementation has not gone smoothly. Again, there could be many reasons, including insufficient leadership, inadequate training, poor coordination among partners, too much or too little paperwork, delays, etc. Spend some time to identify the problems and find solutions.

3. *Inadequate resources.* Your strategy appears effective, but there are inadequate resources to fully implement it. You may need additional funding, staff, equipment, facilities or other resources to be effective.

4. *Unanticipated outside forces.* Something unexpected (i.e., sudden budget cuts, a huge grant, leadership changes, an earthquake or fire, a death of a neighborhood child) happened, which delayed or prevented implementation or suddenly changed your priority focus. Time was needed to re-evaluate the strategy and get started again.

5. *A population with more challenges than anticipated.* Not infrequently, agencies or programs start implementation of an early childhood program or initiative only to find that the community has many more problems than were first recognized. Strategies may need to be changed, or resources supplemented to address the additional issues.

6. *Faulty data.* Sometimes the data used to measure progress is bad. It may not accurately portray progress, be collected on a timely basis or be reliable or standardized. When this happens, the data system must be fixed.

CARING COMMUNITIES PARTNERSHIPS ANNUALLY ASSESS PROGRESS

The accountability system recently adopted by Missouri's Caring Communities initiative establishes an annual process to assess progress on achieving the objective set for the benchmark (indicator) selected by each community partnership. Each partnership is asked to describe the factors which account for its performance toward meeting each objective, relate what the partnership will do over the next year to improve performance and better serve the children and families in that community, and recommend any changes in its performance measures or objectives (target). Each partnership is also asked to review its strategies and resource allocations and indicate assistance or resources needed from the state or Family and Community Trust to improve performance.

Family and Community Trust, *Community Partnership Handbook of Implementation Tools,* op.cit.

Step 9: Periodically Assess Progress and Modify Your Strategies or Resources as Needed

After analysis, the next step is to modify your strategies or resources to improve your level of achievement. If good progress is being made, it is important to recognize your shared efforts, celebrate and ensure that you continue the good work. If progress is not as good as expected, figuring out what to change may be a challenge. Improving performance could require developing new strategies, changing leadership, re-configuring staff operations, shifting or adding resources, improving data or reporting systems, providing additional training, improving coordination among partners or seeking greater community engagement. Some of these changes will be easier to make than others; some may not be feasible. In either case, it is important to periodically review and modify performance targets in light of accomplishments to date.

Some accountability systems tie rewards or consequences for performance to the responsible individuals or organizations. More and more, performance measures are used in personnel performance assessments to determine future pay, promotions, assignments and termination for individuals, and in budget processes to determine resource allocations or to cut programs. While rewards and consequences tied to performance measures can provide effective incentives, they also can be applied unfairly if the analysis in Step 8 is not thoroughly carried out. In applying rewards and consequences, it is extremely important not to lose sight of the purpose of an accountability system—to improve programs, services and initiatives leading to better outcomes for young children.

RESPONDING TO PERFORMANCE IN MISSOURI AND NORTH CAROLINA

Missouri's Caring Communities Partnership assessments are submitted to a contract negotiation/performance review team composed of state and partnership representatives. The team discusses the reasons for the Partnership's level of performance, indicates whether they agree with the Partnership's assessment, and recommends appropriate responses to that performance. Responses are determined by the negotiating team, and may be different for each Partnership. Examples of possible responses include:

✳ Participation in national conferences, meetings, and peer exchanges;

✳ Public recognition;

✳ Reinvestment of cost savings from state and federal programs and funding streams to build upon the Partnership's community plan;

✳ Training and technical assistance from state agencies and the Family and Community Trust targeted specifically to a Community Partnership's needs;

✳ Corrective action plan to address areas found by the contract negotiation/assessment review team to need improvement, with timelines and progress reporting intervals; and

✳ Reduced or eliminated Caring Communities appropriation, if findings show a consistent lack of progress over time.

North Carolina's local Smart Start partnerships are given one, two or three years to reach the minimum standard for each criterion. If they do not achieve the standard by the end of this "growth phase," the "prescriptive technical assistance phase" begins, with mandatory technical assistance. If the county still does not meet minimum standards, the North Carolina Partnership for Children will take corrective action, which may include suspension of funding, assuming management of the partnership, contracting with another county to assume operations, or regionalizing management among partnerships.

Family and Community Trust, *Community Partnership Handbook of Implementation Tools*, op. cit.
North Carolina Partnership for Children, op.cit. Ibed. (See previous box).

Step 10: Publicize Community-Wide Population Trends

Finally, for results accountability systems, share the results, indicators and trends you have gathered on an ongoing basis through "children's score cards," media reports, and briefings to policy makers, community leaders and the general public. In most cases, the public is not aware of children and family indicators; few people know, for example, how many children live in poverty, how many families are affected by violence, and how many children are well-prepared for school. Until key trends are made part of public discourse, there will be little pressure for change.

Acknowledging Trade-offs in Developing Accountability Systems

Although all the accountability systems for early childhood initiatives described above follow the same basic process—selection of results, indicators, and performance measures; establishing baselines and setting objectives; agreeing on action plans/performance contracts; collecting data; assessing and analyzing performance; and making changes to improve performance—they vary in how they are imple-

mented, as well as the extent to which they follow the principles outlined above. These variations are based in large part on underlying values, assumptions and political realities particular to that state or community and must be acknowledged and reflected in the design of a state or local accountability system. Realistically, the design of accountability systems always comes down to a series of trade-offs between ideal principles and political values and constraints. Some of the key trade-offs include:

1. Joint vs. Individual Accountability. Do policy makers and the public insist on distinguishing the efforts of individuals, organizations or specific strategies in improving outcomes or performance measures? Or will they be satisfied with a combined measurement of joint efforts to improve outcomes, where credit and blame cannot be clearly allocated? Or do they want both?

Performance accountability addresses the effectiveness of individual programs or agencies but does not measure community-wide outcomes, while results accountability looks at overall, community contributions to improving outcomes but cannot distinguish individual efforts.

If policy makers value and want to invest in both results and performance accountability, the two systems must be carefully linked. Missouri's Caring Communities accountability system provides a good example of a system that has implemented both a statewide results accountability system and a separate, but related, performance accountability system for local Community Partnerships. Again, it is not effective to hold individuals, organizations or local partnerships accountable for changes in community-wide or broad population indicators over which they have very limited control. These systems usually run into early, concerted resistance and rarely last.

2. Shared Responsibility vs. Hierarchical Authority: Two Forms of the Golden Rule. Assumptions, values, and the political realities of power and authority also govern accountability system implementation. Although shared accountability may be ideal, in reality, systems vary widely in their responses to the questions: Who's in charge? Who's accountable to whom? And what happens if

objectives are not achieved? Some accountability systems live by the traditional golden rule: do unto others as you would have them do unto you. These systems, frequently those that measure population accountability, treat the state and local partnerships, or local partnerships and providers, as equally responsible for achieving results. When achievement does not meet goals, the state and local partners use joint problem solving to identify challenges and solutions.

Other systems, more often those measuring program or performance accountability, employ a different, more hierarchical form of the adage: He—in this case the State—who has the gold, rules. In these systems, the state is clearly in charge. In exchange for funding and direction, local partnerships are expected to meet specified levels of performance. If performance is not adequate, the state may impose negative consequences.

3. Complexity vs. Simplicity. A third trade-off in systems design is related to the complexity of the system. Some accountability systems require local

partnerships to develop very complex plans using specific techniques and processes. While these requirements may yield a standardized format comparable across all partnerships and clear, precise data, they may also become confusing and time-consuming. On the other hand, simple processes may be more politically feasible and less burdensome but yield inadequate information and data that cannot be easily compiled to justify policy changes or determine whether statewide outcomes are being met.

The development of accountability systems which ask the most important question—are our efforts making positive changes in the lives of children and their families?—represents a major step ahead. Even though they are imperfect "works in progress," these systems go far toward making government and private systems more accountable.

Additional Information Resources

Publications of The Finance Project

Thinking Broadly: Financing Strategies for Comprehensive Child and Family Initiatives, by Cheryl D. Hayes (March, 2002).

A Stitch in Time: Calculating the Costs of School Unreadiness, by Charles Bruner (July, 2002).

A Strategy Map for Results-Based Budgeting: Moving from Theory to Practice, by Mark Friedman (September, 1996).

A Guide to Developing and Using Performance Measures in Results-Based Budgeting, by Mark Friedman (May, 1997).

A Guide to Results and Indicators, by Atelia Melaville (May, 1997).

Informed Consent: Advice for State and Local Leaders on Implementing Results-Based Decisionmaking, by Sara D. Watson (November, 2000).

Using Results to Improve the Lives of Children and Families: A Guide for Public-Private Child Care Partnerships, by Sara D. Watson. Published by The Child Care Partnership Project, U.S. Department of Health and Human Services Administration for Children and Families Child Care Bureau (June, 2000).

Other Resources

Bernier, Kathleen; Boggs, Vicki; Bordeaux, Beth; Scoville, Satsuki; Sotolongo, Joy and Taylor, Karen, *Smart Start Evaluation Notebook,* University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center (2000).

Family and Community Trust. *Community Partnership Handbook of Implementation Tools, Pilot Year 2002-2003,* (February, 2002); "A Shared Accountability System for Missouri's Caring Communities" (December, 2001); and "Determining Appropriate Responses to Performance on Core Results: Partnership Assessment of Performance and Negotiating Team Response to Partnership Assessment of Performance" (December, 2001).

Analysis of Florida School Readiness Act, at
www.myflorida.com/myflorida/government/governorinitiatives/schoolreadiness/.

Friedman, Mark, *Results Accountability for Prop. 10 Commissions: A Planning Guide for Improving the Well-Being of Young Children and Their Families,* UCLA Center for Healthier Children, Families and Communities (March, 2000).

Friedman, Mark, *The Results and Performance Accountability Implementation Guide,* at www.RAGuide.org.

Gardner, Sid. *Beyond Collaboration to Results: Hard Choices in the Future of Services for Children and Families.* Fullerton, CA: Center for Collaboration for Children, (January, 1996).

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Maryland Partnership for Children, Youth and Families, *Maryland's Results for Child Well-Being* (2001).

North Carolina Partnership for Children, *Performance-Based Incentive System Growth Model* (June, 2001).

Oregon Commission on Children and Families, *Planning Together for Oregon's Children and Families: Phase I Report, Mapping the Strengths, Gaps and Barriers in Local Communities* (February, 2001) and *Phase II Instructions, Mission: Comprehensive Planning.*

Robison, Susan, *Improving Children's Lives: A Toolkit for Positive Results.* National Conference of State Legislatures (2001).

Endnotes

1. "$2 trillion budget to pair cash with deeds," Richard W. Stevenson, *New York Times,* published in *Contra Costa Times,* (February 3, 2002).

2. These definitions are based on the model developed by Mark Friedman, published in *A Guide to Developing and Using Performance Measures in Results-Based Budgeting.* Washington, DC: The Finance Project, 1997, and most recently in *The Results and Performance Accountability Implementation Guide,* at www.RAGuide.org.

3. Some of these principles are set out by Sara Watson in *Using Results to Improve the Lives of Children and Families: A Guide for Public-Private Child Care Partnerships.* The Child Care Partnership Project, U.S. Department of Health and Human Services Administration for Children and Families Child Care Bureau, The Finance Project.

4. Frequently, data are not available to measure the most important indicators. Instead of bypassing these key issues, develop a list of high priority data needs and devote time, energy and resources to developing these data.

5. This trend analysis can be accomplished informally through focused discussion or by using specific tools such as logic models.

6. See Sara D. Watson, *Informed Consent: Advice for State and Local Leaders on Implementing Results-Based Decisionmaking,* Washington, D.C. The Finance Project, (2000).

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